

***SOUTH CAROLINA DEPARTMENT OF SOCIAL
SERVICES***

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Standards for Shelters

DOMESTIC VIOLENCE SERVICES

TABLE OF CONTENTS

TOPIC	PAGE
Service Definitions	3
Definition of a Domestic Violence Agency	5
Components of a CORE Domestic Violence Program	6
Additional Program Services	7
Outcomes for Service Areas	7
 Program Standards for Core Services	
Standards for Residential Shelter	8
Standards for Hotline Crisis Services	13
Standards for Crisis Intervention	15
Standards for Support Groups	16
Standards for Individual Counseling	18
 Program Standards for Additional Services	
Standards for Professional Therapy	19
Standards for Case Management Services	20
Standards for Court Advocacy	21
Standards for Information, Education and Outreach	23
Standards for School-based Programs	25
Standards for Children's Services	26
Standards for Safe Homes	26
Standards for Motel/Hotel Placement	27
Standards for Transitional Housing Programs	27

SERVICE DEFINITIONS

Hotline/ Crisis Intervention: Short-term, immediate assistance and advocacy given by phone or in person to victims of domestic violence by volunteer or paid staff who respond to the crisis and safety needs of victims of domestic violence and their family members. A hot-line operates 24-hours with trained staff and/or volunteers who offer crisis intervention, information and referral, and shelter intake. The hotline provides a nonjudgmental response to callers, information on domestic violence, information on safety, and appropriate referrals. Crisis intervention and the hot-line serve as the link to other agency services.

Residential Shelter: Immediate, temporary, confidential and non-violent refuge for victims of domestic violence in imminent danger. The shelter meets basic needs such as food and clothing and is accessible 24 hours a day, seven days a week.

Safe Homes: Safe shelter at locations separate from the primary shelter facility, including motel/hotel placement and/or other direct placement. Accommodations are ensured to be safe and participants have access to a telephone, bathroom facilities and all doors to the accommodations have locks.

Case Management: A person or team that works with and on behalf of victims of domestic violence assuring access to resources that will meet each victim's needs. Case management involves assessing client issues, setting goals, establishing a plan of action, connecting clients with agency and community resources, and monitoring the client's progress to ensure goals are met.

Supportive Counseling: A short-term (usually less than 6 months), solution-focused brief intervention that addresses specific, individualized treatment goals around domestic violence related issues. Supportive counseling services are provided in a safe and confidential environment and intended to empower, validate and educate victims of domestic violence.

Professional Therapy: A longer term intervention that involves in-depth, process oriented work for adults or more experiential work for children. Therapy is most often aimed at helping the client identify longer-term life patterns and coping mechanisms, or established survival skills, and may address core issues such as sexual abuse or mental health problems. Therapy may work on more process-oriented internal changes. Therapy groups may focus on changing patterns of relating to and coping with the world.

Support/Psycho-educational Groups: Interactive group sessions that may be non-directed, topic oriented or informational and educational. Individuals who meet on a regular basis to share problem solving techniques, information, and to express concern in a non-judgmental atmosphere. These groups are peer educational not therapy unless the agency has qualified staff. Groups are open-ended with fluctuating membership or closed with a set curriculum.

Children's groups: Interactive group sessions that may be non-directed, topic oriented or informational and educational and use age appropriate techniques (such as play, music or art).

Children's counseling: A short-term (usually less than 6 months), solution-focused brief intervention using age appropriate techniques (such as play therapy for younger children) that

addresses the effects of witnessing domestic violence or other domestic violence related problems.

Court Advocacy: Assistance to victims, at their request, in legal matters relevant to their situation. This includes accompanying the victim to sessions with law enforcement, attorneys, and court proceedings, and filling out forms.

Medical Advocacy: Assistance to victims, at their request, in medical matters relevant to their situation. This includes accompanying the victim to emergency room examinations relating to domestic violence and also to other medical facilities where they are admitted (such as psychiatric wards) to assist them in understanding their rights.

Follow-up: Ongoing personal support and assistance to victims, at their request, to ensure that they are accessing the services they need. Follow up should occur, but is not limited to, the 3 to 6-month period after initial contact.

Transitional Housing: Includes free or reduced cost housing for individuals and families for up to two years, in conjunction with supportive services.

Community Education and Public Awareness: Initiating strategies to increase the community's awareness and understanding of domestic violence. Strategies will focus on the public at large, victims of domestic violence, and the professional community. Education and awareness will increase public knowledge of the destructive dynamics and societal costs of domestic violence, increase awareness of available and needed resources, and identify the role the community can play in eliminating domestic violence. Education and public awareness strategies include media workshops, public health fairs, public speaking to community-groups such as faith-based groups, advertising, PSA's, written materials, editorials and newspaper pieces.

Prevention programs (school-based): Programs for children and youth that increase knowledge of the destructive dynamics and societal costs of domestic violence, increase awareness of available and needed resources, and identify ways children and youth can help to eliminate domestic violence. Programs may also have an intervention component.

Training: Training that includes information to increase understanding of the destructive dynamics and societal costs of domestic violence, increase awareness of available and needed resources, and identify the role the community can play in eliminating domestic violence. Training is customized for targeted audiences which includes DSS case managers, law enforcement, medical staff, legal professionals, social workers, counselors and therapists, human resources personnel, clergy, business and industry personnel, media professionals, community members and volunteers.

Definition of a Domestic Violence Agency

- Provide a residential shelter that provides a safe place for victims and their children. Shelters must provide services to persons from other service areas and out of state.
- Have staff available 24-hours a day to assist shelter residents.
- Provide transportation to the shelter via the use of law enforcement or other means.
- Conduct an intake upon entrance to the shelter and develop a personal safety plan.
- Inform residents of the policies, house rules, rights and responsibilities, etc., upon entrance to shelter.
- Provide 24-hour access to safety for domestic violence victims and their children.
- Provide confidential services to victims of domestic violence and their children.
- Provide 24-hour access to information, referral and crisis intervention for victims of domestic violence via a crisis line. Staff on the crisis line are trained in crisis intervention, assessing lethality and assessing immediate needs.
- Provide face-to-face supportive counseling for adults and children-residential and non-residential.
- Provide education/support groups for adults and children-residential and nonresidential.
- Provide and/or coordinate access to agency and community services to meet individual's identified needs.
- Assist clients in finding safe, affordable housing.
- Provide transportation to look for housing or access other community services. (could be volunteers, bus vouchers, vans, etc.).
- Provide advocacy, such as court and medical, on behalf of clients with community resources as needed.
- Promote public awareness and education through distribution of information, workshops, seminars, training etc.
- Provide administrative services such as case preparation, narrative records and service delivery documentation.
- Assist clients in accomplishing goals through regular meetings with them to review services, progress and needs.
- Assess service recipients' experience with supportive counseling services (e.g. client surveys, exit interviews).
- Discuss client needs and coordinate service delivery by having direct service staff case management meetings.
- Follow-up with clients as appropriate when referrals are made to community resources to ensure that client needs are addressed.
- Provide verbal explanation and written materials to explain legal rights and the court process.
- Establish policy and practice that does not discriminate in the delivery of services based on age, race, ethnicity, gender, religion, ability or disability, sexual orientation, class, veteran status, education status, citizenship status or income.
- Develop relationships with professionals within the civil and criminal justice systems for the purpose of providing advocacy services to victims.
- Assess the need for immediate health, psychological, and educational referrals of children.
- Demonstrate leadership or participation in local multidisciplinary efforts to create an environment that is sensitive and responsive to the needs of victims of domestic violence.

- Create and implement a written plan outlining education awareness strategies to be initiated by the agency including responsible staff, targeted audience, method and frequency of education efforts.
- Demonstrate diversity of message, method and audience in education and awareness efforts.
- Identify and address populations of victims who may be underserved or have special needs.
- Locate available referral resources within the community which provide services to the identified underserved populations and/or victims with special needs.
- Work collaboratively with representatives of underserved groups to develop or expand services to meet the needs of the underserved group.
- Recognize and respond to the differing needs of diverse populations within the community and involve those diverse populations and survivors in the delivery of services.

Components of a CORE Domestic Violence Program

To operate as a domestic violence program the following services should be provided:

1. Provides twenty-four (24) hour crisis intervention by a trained staff/volunteer in person or by phone. Crisis intervention may include:
 - Personal support and information about the effects of victimization
 - Safety planning
 - Information about local medical and legal resources related to domestic violence and sexual assault
 - Information on crime victims' compensation and civil protection orders
 - Information about and referral to victim services available in the community
2. Has a confidentiality policy, signed by all staff, volunteers and clients, with specific definitions of the policy and expected behaviors.
3. Has a policy ensuring that criminal background checks are conducted on staff and direct service volunteers upon beginning of service.
4. Has available a trained staff/volunteer to provide one-on-one client support, whose purpose is to provide practical help as needed, to provide information and referrals to services, and to provide emotional support.
5. Provides a minimum of weekly goal setting and review exercises for shelter residents by a trained staff/volunteer, either individually or in a group.
6. Has written policies and procedures established by the governing board that includes a process for staff performance evaluations.
7. Has established meetings that promote staff/volunteer communication.
8. Provides a weekly support group for adult victims of domestic violence, which is facilitated by trained staff/volunteer.
9. Has written educational materials available to clients and other members of the community.
10. Makes referrals to legal assistance as available.
11. Operates a twenty-four hour shelter or safehome for victims of abuse which:
 - Has a security system
 - Meets health standards
 - Has an annual fire inspection to assure compliance with local fire codes and has a posted fire evacuation plan
 - Has written shelter policies and procedures
 - Has client access to food and clothing
 - Has twenty-four hour on-site staff/volunteers

12. Provides community education presentations.
13. Has a procedure for obtaining client feedback on agency services.
14. Enhances staff development through scheduled, on-going training.

ADDITIONAL PROGRAM SERVICES (can be provided if funding is available):

1. Provides parenting and/or life skills for shelter residents.
2. Makes case management and therapy available to clients either in-house, through contracted services OR through referral. Therapy is conducted or supervised by professionals and may include a substance abuse evaluation OR Provides therapy to adults and children, conducted by or supervised by professionals.
3. Provides legal counsel to clients, through in-house or contracted services.
4. Provides a structured children's program.
5. Provides transitional housing.

OUTCOMES FOR SERVICE AREAS

Residential Shelter (*These outcomes are for clients who have been in shelter at least 15 days*):

- Residents develop a safety plan.
- Residents are free from emotional and physical abuse while in shelter.
- Residents gain knowledge of domestic violence and its effects.
- Residents gain knowledge about resources and how to obtain them.
- Residents' safety needs are met by linking them with appropriate services.

Court Advocacy:

- Women gain the legal knowledge needed to make informed choices.
- Women pursue the legal recourse they desire.

Counseling/Support Groups (*Outcomes are only for those who have attended consistently, at least 8 sessions, within a three month period*):

- Victims have access to a support system.
- Victims gain knowledge of domestic violence and its effects.
- Victims make progress toward their goals.
- Victims have safety plans for reducing further risk of abuse.

Hotline:

- Callers receive crisis support.
- Callers receive information about services and options for victims of DV.
- Callers receive information about resources for shelter.

Community Education:

- All workshops are assessed using a participant evaluation that addresses usefulness of information, feedback about quality of session, presenter knowledge, etc.

PROGRAM STANDARDS for Core Services

STANDARDS FOR RESIDENTIAL SHELTER

ACCEPTANCE/READMITTANCE CRITERIA

Domestic violence agencies must be careful about using restrictive criteria in determining acceptance or re-admittance of a victim/survivor. Agencies should avoid making decisions based on subjective notions about who is a “worthy” or “unworthy” victim and need to be aware of using dominant cultural norms as factors in admission/re-admission decisions.

Admission to the shelter should not be restricted to victims of physical abuse. Factors that should be considered in admission should be:

- Physical abuse
- Sexual abuse
- Threats of abuse
- Use of a weapon in a threat
- Past history of physical violence in current relationship
- Isolated from access to family, resources, medical care-“held hostage”
- Emotional abuse and/or psychological abuse

The denial of services to a victim/survivor may contribute to serious injury or death and should not occur often. A agency’s primary responsibility is to provide safety to **any** victim/survivor who needs it.

Admission can not be denied to victims who:

- Have adolescent children up to age 17. The mother and adolescent son should not be made to separate. Shelter can be provided by housing the family separately, or providing a separate living quarter within the shelter.
- Are fleeing domestic violence from another state, although preference may be given to in state and in catchment area victims when space is limited
- Do not have an incident report
- Have been in another shelter
- Wait “too long” to report a violent incident
- Have returned to the abuser
- Do not use the legal system to address the domestic violence in their lives
- Continue to have contact with the abuser after leaving
- Appear angry, hostile or who do not have a warm, friendly personality
- Is not “cooperative” or “appreciative” of services
- Use drugs or alcohol or is under the influence of drugs or alcohol. Those that are very intoxicated may need time for detoxification before they come into the shelter, but they will not be denied services.
- Have difficulty controlling their children
- Don’t follow rules or stick to a regular schedule
- Have been diagnosed with a mental illness or currently takes medication
- Are prostitutes
- Have a disability
- Are persons of color

- Are HIV positive
- Are lesbian, gay, bi-sexual or trans-gendered women

Victims can be immediately expelled from the shelter for:

- Divulging the location of the shelter
- Using or wielding a weapon in the shelter
- Engaging in physical violence toward another victim or staff/volunteer.
- Using illegal drugs or alcohol on shelter premises (If this is the reason for expulsion, shelters should not let person under the influence leave the shelter intoxicated)

In other cases there is a need to address a behavior and engage in a process that may eventually lead to expulsion. These cases include:

- Extreme verbal abuse by victims of others and refusal to stop
- Use of drugs and alcohol
- An incidence of theft
- Violation of shelter rules and group living guidelines
- If someone is not able to function due to a mental health issue, or is a danger to self or others, transportation should be arranged to have them evaluated at the appropriate facility by a mental health professional.

If for those reasons a victim/survivor is not going to be accepted or re-admitted or will have services discontinued, an appropriate and specific referral plan should be used. This plan should be based on the community resources and services available.

Victim/survivors who have been denied services or have had services discontinued should be re-assessed each time they ask to re-enter. This might mean that an agreement with them needs to be in place as part of the re-admittance process.

Residential Shelter Standards

The volatile nature of battering makes it imperative that victims have immediate access to a secure environment free from physical, emotional, and verbal abuse. Domestic violence centers provide an opportunity for victims and their children to gain information about the dynamics of domestic violence, explore their options in a violence-free atmosphere, and break the isolation and silence which accompanies an abusive relationship.

Program Standards:

1. Domestic violence centers provide access, admittance and residence in temporary shelters for victims of domestic violence who are in imminent danger or are in fear due to physical abuse or threats of physical abuse and their children free of charge, 24 hours a day, every day of the year.
2. On-site staff coverage is provided 24 hours a day, 7 days a week.
3. The first priority of the staff is to be responsive and accessible to a resident or crisis line caller.
4. Each agency will have written procedures regarding their shelter intake process. Agencies will have specific referral procedures relative to adult male victims of domestic violence

seeking emergency shelter as a result of battering. Male victims are to be provided with the same level of services as provided to female victims in an alternate setting such as a hotel.

5. If shelter cannot be provided to a caller, the caller will be referred to another appropriate resource. Every effort should be made to provide shelter or services for the victim in another setting. Staff/Volunteers should make contact with another shelter or service and provide a specific resource for the victim. Domestic violence staff/volunteers must assist those requesting emergency safe shelter in obtaining other temporary shelter if the primary shelter facility is full.
6. A domestic violence center provides a backup system for use during emergencies. A supervisor or designee is available “on call” by way of pager or in some manner of contact that allows for immediate response. Each agency establishes a protocol that defines criteria and steps for using the back-up system.
7. Upon entrance, immediately conduct a formal face-to-face intake process and answer any questions the victim may have. Domestic violence centers ensure that staff members:
 - a. Have immediate face-to-face contact with a new resident admitted to the shelter to determine emergency needs;
 - b. Initiate a face-to-face intake process with a new resident within 24 hours after the resident’s admission to the shelter;
 - c. Sign a written agreement with each resident about services to be provided by the shelter that includes but is not limited to:
 - Services to be provided by the agency, its staff members and volunteers;
 - Confidentiality agreements, including records and accessibility;
 - Communal living agreements, resident rights and privacy matters;
 - Health and safety rules
 - Release-of-information agreements;
 - An individual or family plan of self-defined goals and actions to address needed services to maintain safety and create self-sufficiency;
 - Length-of-stay policies at least 60 days.
8. Within 24 hours of arrival in a shelter, residents will be provided with written rules pertaining to community living and potential consequences if the rules are not followed. The guidelines will spell out the shelter’s policies on confidentiality, child abuse reporting, nonviolence, weapons, drugs, alcohol, food and smoking areas, medications, childcare, and household responsibilities.
9. Victims are made to feel welcome in shelter and are given an orientation regarding services available on-site or by referral which may assist them in the solution of their problems. Agencies provide education and information about:
 - a. How batterers maintain control and dominance over their victims;
 - b. The need to hold batterers accountable for their actions;
 - c. The recognition that individuals victimized by domestic violence are responsible for their own life decisions and that batterers are responsible for their violent behavior;
 - d. The role of society in perpetuating violence against women and the social change necessary to eliminate violence against women, including discrimination based on age, race, ethnicity, gender, religion, ability or disability, sexual orientation, class, veteran status, education status, citizenship status or income

10. Residents will have access to advocacy services within a self-help framework, to assist them in securing pertinent information, emotional support, and resources such as financial assistance; housing; medical care; children's educational resources; legal assistance; and mental health services.
11. Residents will have access to 24-hour-a-day crisis line.
12. Daily program activities are offered with emphasis upon each victim/dependent's physical, intellectual and social needs.
13. Residents and workers will agree in writing not to give out to anyone information that would identify individuals served at the shelter. If the shelter has a confidential location, they will agree in writing not to divulge it.
14. There should be a transportation release and policy defined as part of residents policies.
15. There are referrals made to provide a temporary home for pets.
16. Each agency will have written criteria that define the circumstances under which a resident may be asked to leave the shelter. Agencies will ensure that residents are made aware of the criteria.
17. Agencies will also have procedures that will guide staff in facilitating the transition for residents and their children who are being asked to leave the shelter.
18. Each agency will have written client grievance procedures. These procedures will be known by staff and volunteers and made available upon request to clients.
19. A domestic violence shelter must establish a length-of-stay policy that is at least 60 days. Length of stay can be flexible to balance the needs of those victimized by intimate partners and the agency's ability to meet those needs.
20. The shelter should have services for child residents which includes:
 - Staff or volunteers trained to meet the needs of children
 - Child orientation to the shelter
 - Provision of child intake and assessment
 - Provision of counseling and/or advocacy for children
 - Provision for adequate and secure indoor play space and recreational activities. Outdoor space should be adequate and secure.
 - Age appropriate intervention activities based on the needs of the child.
 - Written policy concerning educational plans for children in the shelter including a policy that addresses enrolling in and attending school.
 - Written policy concerning non-violent discipline to be practiced by staff and residents.
 - Written policy regarding child care.
 - Written policy and procedure regarding reporting of child abuse.

Health and Safety Standards for Shelter

1. Residents will be provided with access to adequate, basic clothing.
2. Residents will be provided with space and equipment for food preparation and basic food and beverages as necessary.
3. Residents are provided with at least three meals a day or their equivalent available daily at regular times. Between meals snacks of nourishing qualities are available. Milk and formula for children are available as needed.

4. Each family will be provided with a separate room whenever possible, as well as access to a living room, kitchen, and bathroom.
5. Residents will have access to a private outdoor area.
6. Residents will be provided with adequate and clean beds and bedding.
7. Residents will be provided access to personal hygiene supplies.
8. Residents will have access to a basic first-aid kit, emergency medical supplies, and information regarding emergency and medical procedures, including universal precautions for infectious diseases.
9. There are written policies and procedures addressing the security of residents' belongings.
10. Functioning locks or alarms will be installed on all exterior doors, windows, and other means of access to the shelter facility.
11. The shelter program assures that access to medical and dental services are available within the community.
12. The shelter will be made as safe as possible for children, including safety locks, stair gates, etc., as needed. Staff will make regular safety checks.
13. The shelter facility will be in compliance with all applicable state and local health, building, safety, and fire codes, and records will be maintained indicating such.
14. Fire, disaster, and other emergency procedures will be posted in a conspicuous place.
15. Shelters will develop and implement procedures regarding blood borne pathogens. Annually provide staff with training on blood-borne pathogens and first aid. All staff abide by Universal Precautions.
16. As funding allows, agency has well lit outside parking and electronic security systems.
17. If garbage and rubbish is stored outside, non-combustible covered containers are used and garbage is removed at least weekly;
18. Each agency will have a written policy addressing the confidentiality of the shelter, host home and/or hotel location(s). The policy will address the following areas:
 - clients holding the location as confidential;
 - identification of those in the domestic violence agency and those on the board of directors who will know of the location;
 - how decisions will be made to allow others to know of the location.
19. Each agency will have a written policy which defines how to access the law enforcement regarding the security and safety of the shelter, host home and/or hotel security and safety. Agencies will ensure that staff/volunteers and clients will know how to access the law enforcement.
20. Each agency will have a written policy which defines how to access the fire department regarding fire safety for the shelter, host home and/or hotel fire safety. Agencies will ensure that staff/volunteers and clients will know how to access the fire department.

Rules for Shelter

In keeping with the philosophy of empowerment and support, it is important that shelter agencies review the rules they have established for shelter life to make sure that these rules are not oppressive and allow for self-determination for the victim survivor. Of course, it is important that there are some rules for shelter living to maintain safety for all program participants; however, shelters should avoid recreating the power dynamics present in abusive relationships.

For example, these dynamics are recreated when the shelter staff takes on the role of “rule setter” which leaves the victim/survivor in the familiar position of “rule follower”. Shelters should be on guard against setting rules that are solely geared toward facilitating the operation of the shelter versus providing for safety of residents.

1. Shelter/agency rules are stated in positive, empowering ways to help victim/survivors understand their roles and responsibilities while in the shelter not only to set limits on victim/survivor behavior. (For example, curfews may be stated as “safe hours” and responsibilities may be listed as “shelter contributions”).
 2. Shelter/agency rules should allow victim/survivors to regain control of their lives by allowing them to make decisions about their life choices.
 3. Victim/survivors should retain primary control over their personal property.
 4. Rules are established to provide for a safe living environment in the shelter/agency.
 5. Agencies/shelters should never mandate involvement by the justice systems (i.e., police or protection orders) as a requirement of admittance or continuance of services.
 6. Rules of the shelter/agency are reviewed annually by agency staff, ideally with the input of victim/survivors who have used the agency, to continue to evaluate for oppressive practices and unnecessary limitations.
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STANDARDS FOR HOTLINE CRISIS SERVICES

Victims need access to confidential support and intervention services provided free-of-charge, on a 24-hour basis by staff and volunteers trained in crisis intervention and domestic violence.

Hotline Standards

1. The hotline will operate 24-hours a day, 365 days a year.
2. Around-the-clock crisis intervention, information, and referral are available by phone to victims throughout the service area.
3. Agencies provide toll-free service or ability to call collect to all victims within the region- Satellite offices should have a recording that provides instruction, preferably in both English and Spanish, on how to obtain crisis or emergency services after hours.
4. Agencies should have a minimum of two telephone lines, one of which is the designated crisis line.
5. Crisis line numbers are listed in the local telephone book and widely distributed in areas served by the Domestic Violence Agency.
6. All hotlines will be toll-free and/or accept collect calls. All agencies will advertise these numbers and make clear that the calls are free of charge.
7. Incoming calls will receive an immediate response.
8. Hotline services will have a backup system in place in case a hotline worker cannot respond, for example if there are multiple calls or a hotline worker needs additional support or information.
9. The safety of hotline workers is of the utmost importance. Hotline workers will never invite callers to their own homes, nor will they go to the homes of callers or their friends or family for the purpose of crisis intervention or hotline work.
10. Agencies should develop a written protocol for the provision of emergency transportation. The protocol must include identification of at least two local options in the service area and the process for accessing those options 24-hours a day, 7 days a week, including holidays.

Hotline workers will have access to a system of transportation to pick up callers and transport them to emergency shelters, safe homes, or alternative sites.

11. Agencies should maintain a resource and referral list and update the list annually. The referral list will include referrals to address the needs of special needs victims;
12. All agencies will develop a hotline worker job description and provide training for all hotline workers.
13. All agencies will provide hotline workers with an ongoing system of support and supervision.
14. A hotline may not be answered by automated call-routing equipment or an answering machine. If all lines are busy, voice mail can pick up the call.
15. The hotline must be answered by an agency staff member or volunteer who has had domestic violence crisis intervention training.
16. Agencies offering hotline services must provide emergency telephone crisis intervention and advocacy. These services include, but are not limited to:
 - Information about the availability of shelter if applicable;
 - Information and referral to available community resources;
 - Emergency protocols (i.e. calling 911; is perpetrator present or within hearing)
 - Lethality/danger assessment
 - Domestic violence education
 - Assessment of the caller's critical needs;
 - Safety planning ;
 - Information about available legal remedies;
 - Crisis intervention;
 - An appropriate form documenting each crisis call, the services offered and/or referrals made, and a plan of action, including information received in calls from professionals or third parties
17. Each agency will have written procedures which address how Hotline and direct service staff/volunteers will meet the emergency needs of non-English speaking and hearing impaired clients.
18. Agencies should advise law enforcement, community agencies, hospitals, and other medical facilities of available domestic violence services and encourage these agencies to initiate appropriate referrals.
19. When holding/transferring crisis calls:
 - staff completes initial assessment as to immediate danger before putting caller on hold
 - callers on hold are checked back with ASAP
 - prioritize calls through safety and lethality assessment
22. If a professional, or third party, calls on behalf of a victim of domestic violence generalized information may be given about domestic violence and agency services and requirements, but the staff person or volunteer must talk directly with the victim regarding a personalized safety plan, danger/lethality assessment and shelter, or other services, and eligibility.
23. When using administrative and outreach phones:
 - Anyone answering the telephone has a working knowledge of how to assess and assist crisis callers and the requirements of the crisis line, i.e., restrictions about being placed on hold, etc.
 - After-hours, weekends and holidays, administrative and outreach phones have a message, preferably in both English and Spanish, that informs callers how to reach the crisis line.

STANDARDS FOR CRISIS INTERVENTION

CRISIS INTERVENTION: Interactions and activities performed over the telephone or in person by qualified, trained staff members or volunteers with an individual in crisis to stabilize emotions, clarify issues, and provide support and assistance to help explore options for resolution of the individual's self-defined crisis and needs.

SERVICE STANDARDS AND GUIDELINES FOR CRISIS INTERVENTION SERVICES

1. Crisis intervention services must be provided by a trained domestic violence agency staff member or volunteer.
2. A domestic violence shelter that offers crisis intervention services must provide the services to residents and non-residents.
3. Crisis intervention services must be provided with a primary focus on the provision of information, advocacy, safety planning and self-empowerment to reinforce the individual's autonomy and self-determination.
4. Crisis intervention services are based upon a problem-solving model to provide information and referrals that assist an individual in crisis. Crisis intervention services include but are not limited to:
 - Assessing lethality;
 - Safety planning;
 - Information about available legal remedies;
 - Establishing rapport and communication;
 - Identifying the major problems;
 - Dealing with feelings and providing support;
 - Exploring possible alternatives;
 - Formulating an action plan;
 - Follow-up measures.

General Standards for Intervention

1. Intervention services are provided in a manner best suited for individual victims.
2. Restricted Services:
 - Couples counseling, in any form, is not provided or supported by domestic violence agencies.
 - Family counseling that includes the presence of a perpetrator is not provided or supported by domestic violence agencies.
 - Mediation services are not provided, supported, or accommodated by domestic violence agencies.
 - Batterer Intervention Services are not allowed to take place on the premises of the shelter or safe home. Every effort will be made to ensure that victims and perpetrators will not have any contact with each other at service locations. Core staff are discouraged from working as a counselor or advocate for both victim groups and perpetrator groups and should not work with both a victim and perpetrator from a specific case.

STANDARDS FOR SUPPORT GROUPS

Interactive group sessions that may be non-directed, topic oriented or informational and educational which are facilitated by a qualified, trained staff member or volunteer.

Individual and Group Support Issues for Adults and Children

It is paramount that individual and group supportive services accessed by adult victim/survivors and their children is firmly grounded in the philosophy of empowerment, with the advocate providing information and support to assist victim/survivors in determining their own course of action. The advocate should work to aid victim/survivors to recognize and utilize their own strengths and provide information about domestic violence and available resources. The focus of individual and group support is not to “fix” victim/survivors but rather to help them overcome barriers to safety, decrease isolation inherent in battering relationships, and increase their understanding of domestic violence as an issue with personal as well as institutional aspects.

Advocates should relate as equals to victim/survivors, not as experts. Victim/survivors are seen to have their own “expertise” about their experience and to have a peer relationship with the advocate with each having equitable power.

1. Individual and group support is strength-based; that is, focused on the strengths that the victim/survivor has developed in coping with the abuse.
2. Safety planning is an integral, documented, on-going part of all counseling/support contacts. Further, counseling/support services acknowledge the practical barriers to victim/survivors attaining safety.
3. Services are provided with an understanding of family violence as a social problem with physical, psychological and social consequences.
4. Staff who provide group or individual counseling will observe appropriate ethical guidelines. Staff and volunteers should be given a copy of ethical guidelines and they should be incorporated into the staff/volunteer trainings.
5. Individual and group counseling/support services are provided in a manner, which demonstrates sensitivity and respect for diverse cultural traditions, values, and lifestyles.
6. Agencies provide qualified language interpreters and interpreters for the hearing impaired for individual and group sessions, within their means. As their resources allow.
7. Agencies provide childcare for support groups as their resources allow.

SERVICE STANDARDS AND GUIDELINES FOR SUPPORT GROUPS

1. A domestic violence agency that provides support group services must provide at least one weekly support group for adult participants, with a facilitator, using a self-help model. A support group will have at least two participants, not including the facilitator.
2. Support group attendance is documented. Documentation includes the date of group, the topic discussed, and the group facilitator’s signature.
3. A domestic violence shelter should provide support group services to both residents and non-residents, including former residents.
4. A domestic violence agency should provide child care or children’s support group during women’s support group as resources allow.

5. It is standard for there to be a waiting period of 15 minutes to see if anyone will attend the group session. If only one person shows up for a group session, an individual session may take place with that person.
6. Support groups will be held in safe, accessible locations.
7. Each agency will request a confidentiality agreement from new group members. This agreement should be written and should include both confidentiality of the location and of other clients in the group
8. Each agency will provide training, supervision, and support for volunteer and staff facilitators.
9. Support groups will be free of charge.
10. Interactive group sessions are topic oriented, or informational and educational, and conducted in a process that is victim-directed, and facilitated by qualified trained agency staff/volunteers.
11. Support group services must provide understanding and support that includes but is not limited to:
 - Safety planning and information about available legal remedies;
 - Active listening;
 - Addressing needs identified by those attending the group session;
 - Building self-esteem;
 - Problem-solving/decision-making skills
 - How batterers maintain control and dominance over their victims;
 - The need to hold batterers accountable for their actions;
 - The recognition that individuals victimized by domestic violence are responsible for their own life decisions.
 - The role of society in perpetuating violence against women and the social change necessary to eliminate violence against women, including discrimination based on age, race, ethnicity, gender, religion, ability or disability, sexual orientation, class, veteran status, education status, citizenship status or income
 - Boundary issues
 - Parenting skills
 - Effects of domestic violence on children

SERVICE STANDARDS FOR CHILDREN'S SUPPORT GROUPS

1. A domestic violence shelter should provide support group services for resident children at least weekly.
2. A domestic violence shelter should provide a recreational, life-skill building or social group services for resident children at least weekly.
3. A domestic violence agency must offer information and referral services to non-resident children.

STANDARDS FOR INDIVIDUAL COUNSELING

Individual Counseling: Domestic violence agencies provide a supportive environment for victims to develop assertiveness skills, raise self-esteem, learn about the dynamics of domestic violence, improve parenting skills and utilize available resources to break the cycle of violence.

Standards:

1. Agencies provide therapy services that are appropriate to the needs of recipients with regard to age, race, ethnicity, gender, religion, ability or disability, sexual orientation, class, veteran status, education status, citizenship status or income and/or any other issues relevant to the individuals' particular needs.
2. Each victim is encouraged to make her own choices as she/he is ready.
3. Victims exhibiting specific symptoms indicating that they may need mental health or other assessment or treatment are referred to appropriate services.
4. Counselors/Advocates will provide information about issues including, but not limited to, power and control, the dynamics of domestic violence, the effects of violence on her life, and the lives of her children.
5. Counselors/Advocates will validate the client's feelings and experiences, including fear, anger, and conflicting emotions about the perpetrator.
6. Agencies will provide signers and interpreters as needed.
7. Counselors/Advocates will:
 - provide self-esteem and self-nurturing education and information
 - offer support and education concerning grief and loss issues
 - identify coping skills and provide information on the effects of victimization
 - facilitate client empowerment by supporting client-directed problem solving
 - provide assistance in goal setting
 - identify issues to include, but not limited to of sexuality, drug and alcohol abuse, mental health, eating disorder issues, and health care as appropriate
8. Counselors/Advocates will respect and appreciate diversity and be sensitive to the traditions and cultural practices of each family.
9. Individual sessions are offered to residential victims at least twice a week.
10. Victims and their children as needed should be provided with safety planning to include, but not limited to, provision of cell phones to call 911 security systems in homes, changing locks, etc.
11. Lethality issues should be discussed as part of the safety planning process.
12. Provide counseling services that do not promote any one religion
13. Not require residents and non-residents to participate in religious groups or to use religious materials;
14. Develop written, goal-oriented individual case plans with the resident or non-resident that reflects that individual's and/or family's particular needs.
15. Provide crisis intervention when needed.

Program Standards for Additional Services

STANDARDS FOR PROFESSIONAL THERAPY

PROFESSIONAL THERAPY: Individual or group therapy delivered by an individual who is in compliance with state licensure rules and regulations pertaining to a psychologist, counselor or social worker and who has specific training in addressing issues of domestic and sexual violence. Unlicensed individuals receive ongoing supervision by licensed professionals.

A domestic violence agency offering professional therapy must:

1. Provide therapy services that are appropriate to the needs of recipients with regard to age, gender, race, disability, sexual orientation and/or any other issues relevant to the individuals' particular needs;
2. Provide crisis intervention when needed;
3. Provide residential participants with access to therapy;
4. Develop written individual action plans with the resident or non-resident that reflect that individual's and/or family's particular needs;
5. Provide safety planning, lethality assessment, and information on legal options available;
6. Provide understanding and support, including active listening, addressing needs identified by the therapy recipient, self-esteem building and problem solving;
7. Provide education and information on available resources, including the dynamics of domestic violence, legal options, drug and alcohol abuse, parenting, HIV and AIDS awareness, opportunities for education programs and employment and training assistance.
8. Provide therapy services that do not promote any one religion;
9. Not require residents and non-residents to participate in religious groups or to use religious materials;
10. Those individuals providing professional therapy to adults must be prepared to provide education and information about:
 - How batterers maintain control and dominance over their victims;
 - The need to hold batterers accountable for their actions;
 - The recognition that individuals victimized by domestic violence are responsible for their own life decisions and that batterers are responsible for their violent behavior;
 - The role of society in perpetuating violence against women and the social change necessary to eliminate violence against women, including discrimination based on race, gender, sexual orientation, disabilities, economic or educational status, religion and national origin.
11. Those individuals providing professional therapy services to children must provide the following:
 - Safety planning and information about available legal remedies;
 - Understanding and support, including active listening, addressing needs identified by the child, building self-esteem and problem solving;
 - Education and information on available resources, including the dynamics of domestic violence;
 - Age-appropriate information that includes but is not limited to:
 - How batterers maintain control and dominance over their victims;
 - The need to hold batterers accountable for their actions;

- The recognition that the child is not responsible for the violence and that batterers are responsible for their violent behavior;
- The role of society in perpetuating violence against women, the social change necessary to eliminate violence against women, including discrimination based on race, gender, sexual orientation, disabilities, economic or educational status, religion and national origin.

STANDARDS FOR CASE MANAGEMENT SERVICES

CASE MANAGEMENT: Case management services are tangible, goal-directed interactions, advocacy and assistance provided to an individual to obtain needed services, to develop short- and long-term resources and safety plans, and to facilitate the coordination of services from multiple service providers. Case management services are provided by qualified, trained staff members or volunteers.

1. Case management shall reflect, at least the following:
 - identify and prioritize victim's needs, including safety planning
 - identify resources available to victims
 - develop goals and objectives specific to the victims' own goals and record these in a program-approved service plan
 - facilitate internal and external referrals to assist in goal/objective achievement
 - progression toward completion of victim's goals and objectives
 - adaptation to victim's changing needs, as appropriate
2. Agencies maintain an up-to-date directory of community resources and ensure that this information is readily accessible to victims and staff.
3. Case management services are provided by a qualified, trained staff member or volunteer who must be trained in domestic violence crisis intervention. Advocates must have access to and be familiar with a complete list of community resources and should have established relationships with other service providers.
4. An advocate providing case management should assist the person with identifying goals and objectives, available resources and services, and assistance in obtaining those services.
5. An advocate providing case management services assumes a coordinating role and facilitates the provision of services provided by the other organizations or professionals in a coordinated and collaborative manner.
6. Upon the identification of needed services with the individual, an advocate providing case management services will facilitate service delivery and referrals and encourage ongoing communication with the providers of additional services that may include but are not limited to:
 - Ongoing and long-term safety planning;
 - Medical, nutritional and/or health services;
 - Law enforcement assistance;
 - Legal remedies and services;
 - Public assistance services, including job training and support services;
 - Short-term, transitional and/or permanent housing;
 - Child care services and parenting education;
 - Child protection services;

- Alcohol and drug evaluation and education;
- Alcohol or substance abuse treatment services;
- Services for persons with disabilities;
- Transportation assistance;
- Education, continuing education, G.E.D. and/or literacy classes;
- Lesbian or gay support services;
- Employment readiness services and/or job training;
- Translation services and/or immigration assistance;
- Financial planning and credit rights information and services;
- Other related services as needed.

STANDARDS FOR COURT ADVOCACY

COURT ADVOCACY: The provision of information, support, assistance, accompaniment and intervention with any aspect of the civil or criminal legal system on behalf of a victim of domestic violence. Court advocacy services must be provided by qualified, trained staff members or volunteers.

Court/Legal Advocacy Standards:

1. A domestic violence agency providing court advocacy services must provide individuals with assistance in receiving interventions and actions sought from the civil and/or criminal justice systems and provide information about legal options so the individuals' choice of needed interventions can occur.
2. A domestic violence agency providing court advocacy services must ensure that appropriate staff members and volunteers have the ability to identify an individual's legal options as part of a service and safety plan that is kept current or changed as the recipient's needs require.
3. Court advocacy is provided by qualified, trained staff members or volunteers.
4. Domestic violence agencies assure that appropriate staff and volunteers have a working knowledge of current South Carolina laws pertaining to domestic violence, applicable Federal laws, as well as the local justice system's response to domestic violence.
5. A domestic violence agency providing court advocacy services must maintain current lists that include but are not limited to:
 - Local criminal justice agencies and contact persons in each county where services are provided;
 - Local and national resources for certain legal issues, such as immigration;
 - Local attorneys, including pro bono resources, who are sensitive and familiar with domestic violence legal issues and Orders of Protection, for which referrals can be made for representation in civil and criminal cases in each county where services are provided.
6. Domestic violence agencies offer training and assistance to the criminal and civil justice system within the counties served, in order to build a working relationship.
7. A domestic violence agency providing court advocacy services should encourage the criminal and civil justice systems in each county where services are provided to respond consistently to the needs of those victimized by domestic violence and to especially hold batterers accountable for their use of violence.
8. A domestic violence agency providing court advocacy services should develop and/or participate in a coordinated community response in the domestic violence agency's service area. The

coordinated community response effort should include participation by advocates and institutional allies with whom victims of domestic violence interact, and the focus of these efforts should be on improving the response of institutions to battered women and holding batterers responsible for their actions.

9. A domestic violence agency that provides court advocacy services must maintain a clear distinction between legal advice and legal information. The agency must strictly monitor and prohibit staff members and volunteers from practicing law or providing legal representation if they are not properly certified to engage in such legal practice.
10. Court Advocates will provide support, information, referral, and/or accompaniment to individuals during civil and/or criminal proceedings.
11. Court advocates are responsible for documenting services provided and the outcome of those services.
12. In addition to advocate training, Court Advocates will have knowledge of legal issues and information, including:
 - SC domestic violence law;
 - Law enforcement response;
 - Civil vs. criminal procedures in domestic violence cases;
 - Orders of Protection vs. Restraining Orders
 - Harassment and stalking laws;
 - Divorce and Parental Rights and Responsibilities in SC;
 - Custody, Child Support and Visitations;
 - Federal Gun Laws/Statutes;
 - Employment Law;
 - Immigration
 - Identity Change
 - Child's Rights
 - Statutes related to confidentiality
13. Court advocacy services must include the provision of education and information about:
 - How the court system works and what to expect;
 - Being prepared for court and presenting yourself as well as possible;
 - Case Management (including Victims Compensation);
 - Providing transport from DV agency to court;
 - How batterers maintain control and dominance over their victims;
 - The need to hold batterers accountable for their actions;
 - The recognition that individuals victimized by domestic violence are responsible for their own life decisions and that batterers are responsible for their violent behavior;
 - The role of society in perpetuating violence against women and the social change necessary to eliminate violence against women, including discrimination based on race, gender, sexual orientation, disabilities, economic or educational status, religion and national origin.

STANDARDS FOR INFORMATION, EDUCATION AND OUTREACH

Information, Referral and Resources

Each agency will maintain a current listing of traditional and non traditional community resources including, but not limited to those listed below.

- emergency service phone numbers
- counseling services for adults, children and families
- senior support services
- lesbians, gay, bisexual and transgendered support services
- services for the physically and developmentally challenged
- support services for ethnic minority population(s)
- child protective services, child guidance services
- parenting education and resources, child care services
- adolescent services and programs
- translation/interpreter services
- Local LEVA's
- Birth options
- Reproductive Health Services
- emergency and other transportation services
- medical and health care services
- dentistry services
- alcohol and drug related services
- sexual assault services
- legal services
- housing alternatives
- welfare related services
- continuing education and job training
- offender/abuser services
- Local DSS offices
- Mental health services

Outreach

1. Each agency will actively endeavor to increase awareness of their services to victims of domestic violence in their catchment area.
2. Each agency will do outreach to the ethnic diversity of battered women and their children and other victims of domestic violence in their catchment area. Agencies will also do outreach to domestic violence victims in traditionally underserved populations, such as the seniors, lesbians, gay, bisexual and transgendered, people with disabilities, people in rural areas, teens, immigrants and tribal populations, etc.
3. Each agency will provide services in a manner that responds appropriately to the diversity of clients who seek their services. Agencies will actively seek staff and volunteers who reflect the ethnic diversity of the population in their catchment area.
4. Outreach services should be accessible in all catchment areas.

Community Education

1. Domestic violence agencies should be actively involved in educating individuals, community organizations, and service providers concerning domestic violence dynamics and the need for social change.
2. The agency identifies those systems and organizations throughout its service area which affect the prevention and treatment of domestic violence.
3. The agency is aware of the practices of those systems and organizations to determine which are harmful or ineffective.

4. Each agency will provide education to professionals, community groups and organizations in the community about the dynamics and extent of domestic violence and the resources available from the member agency. These groups will include but not be limited to:
 - Law enforcement
 - Health Care providers
 - Clergy
 - School professionals
 - Mental health professionals
 - Social service providers
 - Business community
 - Civic groups and organizations
 - Community groups
 - Religious groups
5. The agency prioritizes the community systems, organizations, institutions, and workplaces which need to be impacted first and develops a plan which defines strategies to change harmful or ineffective practices, reinforce helpful practices, and intervene where there are no established practices or policies.
6. The agency collaborates with community systems utilized by domestic violence victims.
 - Each domestic violence agency develops and provides public education programs, professional training initiatives, and community awareness events as a means of intervention and prevention.
7. Agencies should develop guidelines to effectively deal with print and electronic media.
8. Agencies should develop relationships to keep issues of domestic violence in the forefront of community concerns.
9. Agencies participate in multi-disciplinary teams and inter-agency meetings as indicated.
10. The agency conducts community education, consultation, and training in a manner that presents and supports the following concepts:
 - Prevalence and incidence of domestic violence;
 - Domestic violence is the responsibility of the perpetrator and the message is given that abuse is never the victim/survivor's fault;
 - Victim/survivors do not under any circumstance deserve to be abused;
 - Victim/survivors come from all socio-economic levels, races, religions and sexual orientations;
 - Domestic violence is not an illness, or caused by alcohol or drug abuse, or a result of "dysfunctional" relationship issues;
 - Safety for victim/survivors and their children is the primary focus of intervention;
 - Victim/survivors need to make their own choices and be respected for their choices, which might include the decision not to leave the batterer at the current time, assist with prosecution of the batterer, or call the law enforcement;
 - The measurement of "success" for domestic violence programming should be based on the providing safety options for victim/survivors and ending the violence;
 - Once intervention needs have been met and adequate funding for services established, a community's focus should be prevention services.

STANDARDS FOR SCHOOL-BASED PROGRAMS

1. School-based education and advocacy should be aimed at increasing community awareness and understanding of the critical need for intervention and prevention of teen dating violence and domestic abuse.
2. The school-based program will provide education and technical assistance to individuals and groups in school systems. School systems may include administration, faculty, staff, students, parents, and peer groups. The school-based program will participate in negotiations of personal safety policies and procedures within school systems.
3. The school-based program should offer services and referrals in conjunction with the school social worker or guidance counselor.
4. Curricula should be age appropriate. Sample topics in curricula appear below.

<p>Elementary</p> <ul style="list-style-type: none"> • Safe vs. unsafe touch • Identifying abusers • Assertiveness and right to say no • Non-violent ways of resolving conflict • Danger of secrets • Identifying help/people that you trust 	<p>Middle School</p> <ul style="list-style-type: none"> • Laws, statistics, and definitions of domestic and dating violence • Identifying potential abusers • Assertiveness and right to say no • Communication skills • Non-violent ways of resolving conflict • Characteristics of healthy relationships • Risk reduction behaviors • Identifying help/people that you trust • Differences between battering relationships and relationships based on equality. • Legal system's responses to dating violence.
<p>High School/College</p> <ul style="list-style-type: none"> • Laws, statistics, and definitions of domestic and dating violence • Legal system's responses to dating violence. • Identifying abusive behavior/potential abusers • Differences between battering relationships and relationships based on equality. • Assertiveness skills • Communication skills/how to talk to a teen abuser. • Non-violent ways of resolving conflict • Risk reduction behaviors • Identification of aspects of healthy relationships • Traits to look for in a dating partner. • Indications of abusive behavior. • Identifying help/people that you trust • Resources 	

STANDARDS FOR CHILDREN'S SERVICES

1. Each agency will provide the following services for sheltered children. The agency will have distinct staff who will respond to the needs of shelter children in an age appropriate manner.
 - child intake and assessment
 - child-orientation to the shelter
 - safety planning with mother and children
 - individual counseling and/or support contacts
 - advocacy with outside systems
 - information and referral services
 - support/activity groups
 - information about domestic violence in an age appropriate manner
2. Each agency will have written policies and procedures for reporting child abuse.

STANDARDS FOR SAFE HOMES

A domestic violence agency that provides safe shelter at locations separate from the primary shelter facility, including motel/hotel placement and/or other direct placement programs providing safe housing, must ensure that those accommodations are safe and that participants have access to a telephone, bathroom facilities and that all doors to the accommodations have locks.

1. Safe Homes are private homes of trained volunteers. They provide safe, confidential, temporary emergency shelter for victims of abuse and their children, 24 hours a day, every day of the year. Stays are time-limited.
2. Screening will include an application with references, background checks, an interview, and a site visit. Each Safe Home will be reassessed annually. Recruitment will be conducted as necessary.
3. The agency should have a written agreement with each safe home outlining:
 - agency and safe home responsibilities
 - per diem rate
 - hours of availability
 - confidentiality
 - safety provisions
 - length of stay
4. Safe Home providers will be provided with a clear job description, including expectations and limitations (for example, no baby-sitting or individual advocacy).
5. Safe Home providers will have a written statement of the rights and responsibilities provided by the shelter program.
6. Safe homes should provide sleeping privacy for guests and access to facilities, food and telephones.
7. The domestic violence agency will ensure that residents of a safe home system have equal access to all the core services including daily contact by staff or a trained volunteer.

8. Volunteer Safe Home agreements and confidentiality statements will be signed by the safe home provider. It will be clearly stated that the DV agency will not be held liable for damage incurred by safe home providers.
9. Training will include discussion of:
 - a. Gender roles in our society.
 - b. Overview of the dynamics and prevalence of domestic violence.
 - c. Barriers to leaving an abusive situation.
 - d. Community, institutional, and cultural supports of battering.
 - e. Effects of family violence on children.
 - f. Safety procedures and policies, including Infectious Disease protocol and the need for telephone line blocking.
 - g. Confidentiality.
10. Support and supervision of the safe home will be provided directly by the project's on-call person and/or staff backup.
11. A person placed in a Safe Home will sign a contract regarding the rules of the stay.

STANDARDS FOR MOTEL/HOTEL PLACEMENT

1. Alternatives to shelter may include motel/hotel placement as a source of shelter.
2. Those circumstances include but are not limited to:
 - a. The primary shelter facility is at capacity, and no space is available for those seeking emergency safe shelter;
 - b. The distance between the individual or family seeking safe shelter and the shelter facility prohibits immediate access to the facility;
 - c. The batterer of the victim knows where the shelter is located;
 - d. The individual or family seeking safe shelter has special needs best served by shelter provision through a motel/hotel placement
 - e. The former resident of the shelter facility no longer needs primary shelter but would benefit from program-managed subsidized or transitional housing services that are offered through a temporary motel/hotel placement.

STANDARDS FOR TRANSITIONAL HOUSING PROGRAMS

1. Transitional Housing is a program that includes housing in conjunction with supportive services.
2. Transitional Housing programs must develop and implement screening procedures that include the following:
 - a. Application process
 - b. Screening process
 - Direct service staff approval
 - Administrative approval
 - c. Verification process
 - Accepted/ready for housing

- Accepted/added to waiting list
 - Conditional acceptance (to include explanation)
 - Denied
 - Appeal Process
3. Applicants not entering the program will be referred to other resources.
 4. Program offering transitional housing should establish rental agreements with eligible survivors entering the program to include:
 - written agreement for transitional living/housing
 - move in date
 - guidelines for housing and transitional living
 - visual inspection and inventory (if applicable) of housing site.
 5. The following core supportive services will be provided within a self-help framework by the Transitional Housing program staff:
 - ability to access emergency assistance via cell phone, etc.
 - safety planning (long- and short-term);
 - individualized self-sufficiency planning;
 - advocacy to assist participants in securing pertinent information, emotional support, and resources such as financial assistance, housing, medical care, children's educational resources, legal assistance, and mental health services;
 - linking to other supportive services as needed;
 - assistance in locating and preparing for transition to permanent housing.
 6. Children participating in the Transitional Housing program will be provided with referrals to supportive services as needed.
 7. There are referrals provided to obtain a temporary home for pets.